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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0/6800001	•	CITY OR TOWN NATION
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: DDH HOTEL NAT DOING BUSINESS A HAMPTON INN,		
ADDRESS 319 SPEEN ST		
CITY/TOWN: NATICK	STATE: MA	ZIP CODE: 01760
MANAGER: MATHERS, JOHN TYP	'E OF LICENSE: Innh	nolder CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PREMIS		
SEVEN STORY HOTEL CONTAINING RESTAURANT, LOUNGE, BAR FUNCT		
I hereby certify and swear under penalties	of perjury that:	
1. the renewed license will be of t	the same type for the s	same premises now licensed;
2. the licensee has complied with		_
3. the premises are now open for	business (If not explai	in below)
SIGNED BY Individual, Partner	or Authorized Corpor	rate Officer
DATE: TELEPHONI	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building ins	pector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(II disapproved explain)		
DATE:		



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LICENSE NUMBER	R: 076800002		CITY OR TOWN	N NATICK	
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS OFF SUI	A	#79 NATICK INC.			
		CT ATTE A		01760	
CITY/TOWN: NAT		STATE: MA		01760	
	INERY, TY LTER H.	PE OF LICENSE:(	Club	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	ISES:			
TWO STORY BLDO BATHROOMS,BOI SECOND FLR; ONE ENTRANCE AND E EXITS	LER ROOM,KITCH E LARGE FUNCTION	HEN,TWO OFFICE ON HALL,2 BATH	E ROOMS,REAR ST ROOMS,KITCHEN	ORAGE ROO ,STORAGE A	REA.
I hereby certify and s	swear under penaltie	s of perjury that:			
1. the renew	ed license will be of	f the same type for t	he same premises no	w licensed;	
2. the licens	ee has complied wit	h all laws of the Co	mmonwealth relating	to taxes; and	
3. the premi	ses are now open for	r business (If not ex	plain below)		
SIGNED BY	Individual, Partne	er or Authorized Co	rporate Officer		
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT	
	d by the building in	spector and the ho	the certificate requiend of the fire depar surance required by	rtment for the	above
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	-:->				
(If disapproved expla	ain)				
			-		
DATE:					<u> </u>



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LICENSE NUMB	ER: 076800003		CITY OR TOWN	NATICK	
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 201	13
		CLASS		Y	/EAR
LICENSEE NAM	E: NATICK LODGE	#1425 B.P.O.E. OF U	J.S.A. INC.		
DOING BUSINES	SS A NATICK ELKS				
ADDRESS 95 SPI	EEN ST.				
CITY/TOWN: N	ATICK	STATE: MA	ZIP CODE:	01760	
MANAGER: HU	JRST, ARTHUR TY	PE OF LICENSE: Club	b C.	ATEGORY:	All Alcohol
EMAIL ADDRES	S:				
		VEBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION O	F LICENSED PREMI	SES:			
AND RESTROOM ROOM WITH CO	LOWER LEVEL;LAI M,GAME ROOM,EXE OOLER; UPPER LEVE BAR STORAGE ROOI	RCISE ROOM, SAUN EL CONSISTS OF SOO	NA,OFFICE,BOILE CIAL HALL,CHEC	ER AND STOE CKROOM	
I hereby certify an	d swear under penaltie	s of perjury that:			
1. the rene	ewed license will be of	the same type for the	same premises now	licensed;	
2. the lice	nsee has complied with	h all laws of the Comm	onwealth relating to	o taxes; and	
2 1		1	_		
3. the pres	mises are now open for	business (If not expla	_		
3. the pres		r business (If not expla	in below)		
		<u> </u>	in below)		
SIGNED BY	Individual, Partne	r or Authorized Corpor	rate Officer		ON NI IMBED
	Individual, Partne	<u> </u>	in below) rate Officer  EMPLOYER	R IDENTIFICATIO	
SIGNED BY  DATE:  We the undersign Acts of 2004, sign	Individual, Partne	r or Authorized Corpor  NE NUMBER:  e in possession (1) the spector and the head	EMPLOYER (Note: NOT Inc.) certificate require	lividual Social Sec ed by Chapter ment for the a	curity Number) r 304 of the
DATE:  We the undersign Acts of 2004, sign named license and the sign named	Individual, Partne TELEPHON ned, attest that we are ned by the building in	r or Authorized Corpor  NE NUMBER:  e in possession (1) the spector and the head	EMPLOYER (Note: NOT Inc.) certificate require	ed by Chapter ment for the a Chapter 116 o	r 304 of the above of the Acts
DATE:  We the undersign Acts of 2004, sign named license and of 2010.  Please Check Below: APPROVED:	Individual, Partner TELEPHON  ned, attest that we are ned by the building in ind (2) the certificate of	r or Authorized Corpor  NE NUMBER:  e in possession (1) the spector and the head	EMPLOYER (Note: NOT Inc. certificate require of the fire departs	ed by Chapter ment for the a Chapter 116 o	r 304 of the above of the Acts
DATE:  We the undersign Acts of 2004, sign named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	Individual, Partner TELEPHON  ned, attest that we are ned by the building in id (2) the certificate of	r or Authorized Corpor  NE NUMBER:  e in possession (1) the spector and the head	EMPLOYER (Note: NOT Inc.) certificate require of the fire departs rance required by	ed by Chapter ment for the a Chapter 116 o	r 304 of the above of the Acts
DATE:  We the undersign Acts of 2004, sign named license and of 2010.  Please Check Below: APPROVED:	Individual, Partner TELEPHON  ned, attest that we are ned by the building in id (2) the certificate of	r or Authorized Corpor  NE NUMBER:  e in possession (1) the spector and the head	EMPLOYER (Note: NOT Inc.) certificate require of the fire departs rance required by	ed by Chapter ment for the a Chapter 116 o	r 304 of the above of the Acts
DATE:  We the undersign Acts of 2004, sign named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	Individual, Partner TELEPHON  ned, attest that we are ned by the building in id (2) the certificate of	r or Authorized Corpor  NE NUMBER:  e in possession (1) the spector and the head	EMPLOYER (Note: NOT Inc.) certificate require of the fire departs rance required by	ed by Chapter ment for the a Chapter 116 o	r 304 of the above of the Acts



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LICENSE NUMBER: 07680	00005	CITY OR TOWN	NATICK
APPLICATION FOR RENE	EWAL: Annual	LICENSE	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: FRAM	NCESCO DESANCTIS LODGE	#1411 OF NATICK	
DOING BUSINESS A			
ADDRESS 37 WASHINGT	ON AVE.		
CITY/TOWN: NATICK	STATE: MA	ZIP CODE:	01760
MANAGER: SACCHETT MARGUER		llub CAT	EGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICEN			
FACILITIES FOR LADIES	I BASEMENT . FIRST FLR; ON AND MEN; BASEMENT; 2 RO OCK WITH ENTRANCE AND	OOMS. THE CONSTRU	JCTION OF THE
I hereby certify and swear un	nder penalties of perjury that:		
1. the renewed licer	nse will be of the same type for the	ne same premises now lic	censed;
	complied with all laws of the Cor	<u> </u>	axes; and
3. the premises are	now open for business (If not ex	plain below)	
SIGNED BY Indiv	idual, Partner or Authorized Cor	porate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER ID	DENTIFICATION NUMBER:
		(Note: NOT Individual	dual Social Security Number)
Acts of 2004, signed by the	et that we are in possession (1) to building inspector and the he certificate of liquor liability in	ad of the fire departme	ent for the above
Please Check Below:		LOCAL LICENSIN	IG AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(ii disapproved explain)			
DATE:			



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LICENSE NU	MBER: 076800006		CITY OR TOWN NATICK	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: ANGELO & GAR	RIF INC.		
DOING BUSI	NESS A AGOSTINO'S R	EST.		
ADDRESS 23	WASHINGTON ST.			
CITY/TOWN	: NATICK	STATE: MA	ZIP CODE: 01760	
MANAGER:	SOULIOPOULOS, TY EFTIHIA	PE OF LICENSE: Res	staurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
DESCRIPTIO	PLEASE ALSO VISIT OUR V ON OF LICENSED PREMI	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
I hereby certif	y and swear under penaltie	es of perjury that:		
· ·	•		same premises now licensed;	
2. the	licensee has complied wit	h all laws of the Comr	nonwealth relating to taxes; and	1
3. the	premises are now open for	r business (If not expla	ain below)	
SIGNED BY	Individual, Partne	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Acts of 2004,	signed by the building in	spector and the head	e certificate required by Chap d of the fire department for th rance required by Chapter 1	ne above
Please Check Bel	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	u expiaiii)			
DATE:				
APPLICATION FOI	R RENEWAL MUST BE FILED BY	LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	5 16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 07680000	7	CITY OR TOWN NATICK	
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 20	13
	CLASS		YEAR
LICENSEE NAME: EDWARD	CLARK POST #107 AM. LE	GION INC.	
DOING BUSINESS A american	legion		
ADDRESS 11 WEST CENTRAL	L ST.		
CITY/TOWN: NATICK	STATE: MA	ZIP CODE: 01760	
MANAGER: GREEN, THOM	AS TYPE OF LICENSE: Club	CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	•
DESCRIPTION OF LICENSED 2 STORY BLDG WITH CELLA HALL,DIRECTORS ROOM,RE ROOM AND SUPPLY ROOM. ROOM,CANTEEN, MENS AND	AR; SECOND FLOOR CONSIS C ROOM,CANTEEN,2 BATH FIRST FLOOR CONSISTS OF	IROOMS,AUXILLARY MEET: FENTERTAINMENT	ING
2. the licensee has comp	penalties of perjury that:  vill be of the same type for the solied with all laws of the Commonopen for business (If not explain	onwealth relating to taxes; and	
SIGNED BY Individual	I, Partner or Authorized Corpor	rate Officer	
DATE: TEL	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Se	
We the undersigned, attest tha Acts of 2004, signed by the bui named license and (2) the certi of 2010.	ilding inspector and the head	of the fire department for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHO	ORITY
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 076800008		CI	ΓY OR TOWN	NATICK	
APPLICATION	N FOR RENEWAL:	Annu	al	LICEN	NSED FOR 20	13
		CLAS	SS		,	YEAR
DOING BUSIN		274 V.F.W. O	F THE U.S	S.INC.		
ADDRESS 113	WEST CENTRAL ST.					
CITY/TOWN:	NATICK	STATE:	MA	ZIP CODE:	01760	
MANAGER:	Seaholm, Harry K TYI	PE OF LICEN	SE:Club	C	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION	OF LICENSED PREMIS	SES:				
	LDING WITH ENTRANC ; 6 ROOMS, ONE BOILE					
I hereby certify	and swear under penalties	of perjury tha	t:			
1. the r	renewed license will be of	the same type	for the sam	e premises nov	v licensed;	
2. the 1	icensee has complied with	all laws of the	Commonv	wealth relating	to taxes; and	
3. the p	premises are now open for	business (If no	ot explain b	pelow)		
SIGNED BY						
	Individual, Partner	or Authorized	Corporate	Officer		
DATE:				E1 (D) (A)		
DATE.	TELEPHON	E NUMBER:			R IDENTIFICAT Idividual Social Se	
				`		<b>,</b>
Acts of 2004, s	signed, attest that we are signed by the building ins and (2) the certificate of	spector and th	ne head of	the fire depart	tment for the	above
Please Check Belov	<u>w:</u>		L	OCAL LICEN	SING AUTHO	ORITY
APPROVED:			В	y:		
DISAPPROVE						
(If disapproved	expiain)		_			
			_			<del></del>
DATE:			_			



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LICENSE NUMBER: 076800009	(	CITY OR TOWN NATICK	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
LICENSEE NAME: G.E.N. 8888 INC DOING BUSINESS A ASIA BISTRO ADDRESS 195 WEST CENTRAL ST.			YEAR
CITY/TOWN: NATICK	STATE: MA	ZIP CODE: 01760	
MANAGER: KONG, MICHELLE T'T.			: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR DESCRIPTION OF LICENSED PREM 2 ENTRANCES AND EXITS ON SIDIENTRANCE AT REAR OF BUILDING WAITING AREA, KITCHEN, OFFICE	E OF BUILDING. HANI G;ONE FLOOR CONSIS	DICAPPED AND SERVICE TING OF THREE DINING I	ROOMS,
1. the renewed license will be a     2. the licensee has complied wi     3. the premises are now open for	of the same type for the sa ith all laws of the Commo	nwealth relating to taxes; and	
SIGNED BY Individual, Partn	er or Authorized Corpora	te Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that we at Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	inspector and the head o	of the fire department for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	IORITY
DATE:			



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LICENSE NUMBER: 0768000	010	CITY OR TOWN NATICK	
APPLICATION FOR RENEW	'AL: Annual	LICENSED FOR 20	13
	CLASS	,	YEAR
LICENSEE NAME: M.B.R.	GROUP FOODS INC.		
DOING BUSINESS A MINE	RVA INDIAN CUISINE		
ADDRESS 1328 WORCESTE	R RD.		
CITY/TOWN: NATICK	STATE: MA	ZIP CODE: 01760	
MANAGER: REDDY, PRAI	KASHTYPE OF LICENSE: Re	estaurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	l
SERVICE AREA,MENS AND	MAIN DIVISIONS, A SINGI LADIES ROOMS, TWO EXI EAR OF THE PREMISES CON	LE DINING ROOM WITH TABL ITS AND ENTRANCES AND A NSISTING OF A STORAGE ARE	
I hereby certify and swear under	er penalties of perjury that:		
	will be of the same type for the	•	
	1	monwealth relating to taxes; and	
3. the premises are not	w open for business (If not expl	lain below)	
SIGNED BY Individu	nal, Partner or Authorized Corp	orate Officer	
DATE: TI	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATI	ION NUMBER:
		(Note: NOT Individual Social Se	ecurity Number)
Acts of 2004, signed by the b	uilding inspector and the hea	ne certificate required by Chapte d of the fire department for the urance required by Chapter 116	above
Please Check Below:		LOCAL LICENSING AUTHO	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved expiaili)			
DATE:			



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LICENSE NUMBEI	R: 076800011		CIT	Y OR TOW	'N NATICK	
APPLICATION FO	R RENEWAL:	Annua	ıl	LICI	ENSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS	MINOGA,INC. A OGA'S JAPANESE	CUISINE				
ADDRESS 915 WO	RCESTER ST.					
CITY/TOWN: NA	ГІСК	STATE:	MA :	ZIP CODE:	01760	
MANAGER: LI, E	BENNY TYPE	OF LICENS	E:Restaura	ınt	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER	YOUR EMAIL AI	DDRESS		_
ONE FLOOR AND FLOOR; WAITING LIQUOR STORAGE	LICENSED PREMISE STORAGE BASEMEN AREA,DINING ROOM E ROOM AND KITCH	NT WITH EN M, BANQUE IEN; BASEM	ET ROOM,S IENT CON	SERVICE B	AR, RESTROC	OMS,
•	swear under penalties of					
	ved license will be of the	• •		-		
	see has complied with all ises are now open for bu				g to taxes; and	
5. the premi	ses are now open for or	isiness (11 no	t explain be	low)		
SIGNED BY						
	Individual, Partner or	r Authorized	Corporate (	Officer		
DATE:	TELEPHONE	NUMBER:			YER IDENTIFICAT	
Acts of 2004, signe	d, attest that we are in d by the building inspo (2) the certificate of li	ector and th	e head of tl	he fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LC By		NSING AUTH	ORITY
D.177			_			
DATE:						



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LICENSE NUMBER: 076800	0012	CITY OR TOWN NA	ATICK
APPLICATION FOR RENEV	WAL: Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: DDH I	HOTEL NATICK/WORCEST	ER LLC	
DOING BUSINESS A CRO	WNE PLAZA		
ADDRESS 1360 WORCEST	ER ST.		
CITY/TOWN: NATICK	STATE: M	A ZIP CODE: 01	760
MANAGER: SHAMOIAN, DAVID	TYPE OF LICENSE:	Innholder CATE	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	SO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LICENS	ED PREMISES:		
	NING 258 GUEST ROOMS,T ROOMS. 7TH FLOOR CON		URANTS,
I hereby certify and swear und	der penalties of perjury that:		
1. the renewed licens	e will be of the same type for	the same premises now licer	nsed;
2. the licensee has co	emplied with all laws of the Co	ommonwealth relating to tax	es; and
3. the premises are no	ow open for business (If not ex	xplain below)	
SIGNED BY			
Individ	lual, Partner or Authorized Co	orporate Officer	
DATE:	TELEPHONE NUMBER:		NTIFICATION NUMBER:
		(Note. NOT Individua	al Social Security Number)
Acts of 2004, signed by the	that we are in possession (1) building inspector and the h ertificate of liquor liability in	ead of the fire department	for the above
Please Check Below:		LOCAL LICENSING	AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
			<del></del>
DATE:		<del></del>	



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 076800015		CITY OR TOWN	NATICK
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: TOWN LINE	LIQUORS,INC.		
DOING BUSINES	S A			
ADDRESS 160 E	CENTRAL ST			
CITY/TOWN: N	ATICK	STATE: MA	ZIP CODE:	01760
	ANCIOSE, THONY R.	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION O				
		ORY BUILDING AND OM IN SOUTHEAST C		JILDING WITH THE
2. the licer	nsee has complied	be of the same type for the l with all laws of the Com on for business (If not exp	monwealth relating to	
SIGNED BY	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICENS By:	SING AUTHORITY
(If disapproved exp	olain)			
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 07	6800016	(	CITY OR TOWN	NATICK	
APPLICATION FOR RE	ENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: FA	ANNONS LIQ STORE	,INC			
DOING BUSINESS A					
ADDRESS 212 NO MA	IN ST				
CITY/TOWN: NATICE	S'	ΓATE: MA	ZIP CODE:	01760	
MANAGER: ALLEN,	ROBERT CTYPE OF	LICENSE: Pack	age Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EMA	ALL ADDRESS		
DESCRIPTION OF LICE	ENSED PREMISES:				
ENTIRE BLDG. OUTSI DELIVERY WITH THR OUTSIDE ENTRANCE	EE OUTSIDE ENTRA				
	as complied with all la		=	taxes; and	
In	dividual, Partner or Au	thorized Corpora	ate Officer		
DATE:	TELEPHONE NU	MBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED:			LOCAL LICENS By:	ING AUTHO	DRITY
DISAPPROVED: [ [ ] (If disapproved explain)					
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 0/680001/		CITY OR TOWN	NATICK
APPLICATION FOR	R RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 4 SOUT	A	STORE,INC		
			ZID CODE	01760
CITY/TOWN: NAT		STATE: MA	ZIP CODE:	01760
MANAGER: POW ANN		YPE OF LICENSE: Pac	kage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	MISES:		
DELIVERIES ALSO BASEMENT AND I	O AN ADDITIONA ENTRANCE ON V	FOR STORAGE. ENTR AL STORAGE ROOM ( WEST WALL PLUS AD TING WINE ROOM	ON THE EAST SID	DE OF SAID
I hereby certify and s	swear under penalt	ies of perjury that:		
1. the renew	ved license will be	of the same type for the	same premises now l	licensed;
2. the licens	ee has complied w	rith all laws of the Comm	onwealth relating to	taxes; and
3. the premi	ses are now open f	For business (If not expla	in below)	
SIGNED BY	Individual, Parti	ner or Authorized Corpo	rate Officer	
DATE:	TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Please Check Below: APPROVED:				ING AUTHORITY
DISAPPROVED:			By:	
(If disapproved expla	ain)			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 076800019		CITY OR TOWN	NATICK
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	MIDDLESEX LIQ	UORS, INC.		
DOING BUSINESS	A KENTUCKY SP	IRITS		
ADDRESS 015-17	WASHINGTON ST.			
CITY/TOWN: NA	TICK	STATE: MA	ZIP CODE:	01760
	ALDINO, TYI	PE OF LICENSE:P	Cackage Store Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
	LICENSED PREMIS			
			WHICH THAT INCL E PRIMISES REMAI	
			ON TO BE CLOSED	
I hereby certify and	swear under penalties	s of perjury that:		
		• •	ne same premises now	
	-		nmonwealth relating t	o taxes; and
3. the premi	ises are now open for	business (If not ex	plain below)	
GIGNED DV				
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer	
	·			
DATE:	TELEPHON	IE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	lividual Social Security Number)
Please Check Below:				
APPROVED:			By:	SING AUTHORITY
DISAPPROVED:			Бу.	
(If disapproved expl	ain)			
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800020		CITY OR TOWN	NATICK	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS		7	YEAR
LICENSEE NAME: THE WINE NE	TWORK, INC.			
DOING BUSINESS A NINE EAST V	WINE EMPORIUM			
ADDRESS 6 WORCESTER RD				
CITY/TOWN: NATICK	STATE: MA	ZIP CODE:	01760	
MANAGER: Moran, Austin	ΓΥΡΕ OF LICENSE: Pa	ckage Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LICENSED PREM	MISES:			
SINGLE STORY BLDG ON FIRST F FULL BASEMENT UNDER FOR ST		E AND FOR SELLIN	G AND STO	RAGE.
I hereby certify and swear under penals	ties of perjury that:			
1. the renewed license will be	of the same type for th	e same premises now	licensed;	
2. the licensee has complied w	with all laws of the Com	monwealth relating t	o taxes; and	
3. the premises are now open	for business (If not exp	lain below)		
SIGNED BY				
	ner or Authorized Corp	orate Officer		
DATE: TELEPHO	ONE NUMBER:		RIDENTIFICATI	
		(Note: NOT Inc	lividual Social Se	curity Number)
Please Check Below:		LOCAL LICENS	SING AUTHO	RITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	076800021		CITY OR TOV	IN NATICE	
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	VIN'S LIQUORS	C.			
ADDRESS 257-259 V	VORCESTER ST.				
CITY/TOWN: NATI	CK	STATE: MA	ZIP CODE	01760	
MANAGER: MORA	AN, KEVIN P. TYPE	OF LICENSE: P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L					
SINGLE STORY BRI FRONT AND BACK		ASS BLDG.3,50	0 SQ. FT. WITH	ENT/EXITS ON	N THE
	e has complied with all es are now open for bu	siness (If not exp	lain below)	ng to taxes; and	
DATE:	TELEPHONE I	NUMBER:		YER IDENTIFICAT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED:	7		LOCAL LICE By:	ENSING AUTH	ORITY
(If disapproved explai	n)				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 076800024		CITY OR TOWN	NATICK	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME	E: PETUR ENT	ERPRISES, INC.			
DOING BUSINES	S A NATICK W	VINE & SPIRITS			
ADDRESS ROUTI	E 135 WATSON	ST			
CITY/TOWN: NA	ATICK	STATE: MA	ZIP CODE:	01760	
MANAGER: TU	RLO, PETER	TYPE OF LICENSE:P	ackage Store Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	F LICENSED PF	REMISES:			
ONE ENTRANCE DELIVERY ENTR		R CUSTOMERS IN THE	E FRONT OF THE ST	ORE, AND	A REAR
I hereby certify and	l swear under per	nalties of perjury that:			
1. the rene	wed license will	be of the same type for the	ne same premises now	licensed;	
2. the licer	see has complie	d with all laws of the Cor	nmonwealth relating t	o taxes; and	
3. the pren	nises are now ope	en for business (If not ex	plain below)		
SIGNED BY					
	Individual, P	artner or Authorized Cor	porate Officer		
DATE:	TELEF	PHONE NUMBER:	EMPLOYER	RIDENTIFICAT	ION NUMBER:
			(Note: NOT Inc	lividual Social S	ecurity Number)
Please Check Below:	٦		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	loin)				
(II disapproved exp	nam)				
				,	
DATE:					



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LICENSE NUMBI	ER: 076800025		CITY O	R TOWN NATICE	K
APPLICATION FO	OR RENEWAL:	Annual		LICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME	E: 24 ASSOCIAT	ES, LLC			
DOING BUSINES	S A ONE FORTY	EITHT ON CENTRAL	_		
ADDRESS 148 CE	ENTRAL STREET				
CITY/TOWN: NA	ATICK	STATE: MA	ZIP	CODE: 01760	
	AXWELL TCHELL	ΓΥΡΕ OF LICENSE: Rε	estaurant	CATEGOR'	Y: All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR I	EMAIL ADDRES	SS	
DESCRIPTION O					
BOTH SOUTH AN OF PREMISES. TI	ND NORTH SIDES HE ENTIRE REST	VTAINING ONE SERV S OF PREMISES AND . WILL BE FREE OF L RATED FROM THE D	A SERVIO	CE DOOR ON NOR' WALLS, EXCEPT	TH SIDE
I hereby certify and	l swear under penal	ties of perjury that:			
1. the rene	wed license will be	of the same type for the	e same pre	mises now licensed;	
	-	with all laws of the Com		•	nd
3. the pren	nises are now open	for business (If not exp	lain below)	)	
SIGNED BY	Individual, Par	tner or Authorized Corp	oorate Offic	cer	
DATE:	TELEPH	ONE NUMBER:		EMPLOYER IDENTIFIC te: <u>NOT</u> Individual Soci	
Acts of 2004, sign	ed by the building	are in possession (1) the inspector and the heate of liquor liability instant	d of the fi	re department for t	he above
Please Check Below:			LOCA	L LICENSING AUT	THORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	oiain)				
DATE:					



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LICENSE NUMBER: 076800027	(	CITY OR TOWN NATICK	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: DIMAS, INC	ORPORATED		
DOING BUSINESS A DOLPHIN S	SEAFOOD RESTAURANT	•	
ADDRESS 7 SOUTH AVE			
CITY/TOWN: NATICK	STATE: MA	ZIP CODE: 01760	
MANAGER: GIANNOCOPOULO S, PETER	TYPE OF LICENSE: Resta	aurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PR			
THE NEW PREMISES WILL INCI SEATINGAREA 420 SEAT CAPAI STORIES WITH DINING AREAS, SEATS, THIS FORMERLY UNUS DINING AREA.	BILITY,FRONT AND REA AN ATRIUM SND KITCH	AR EXIT AND ENTRANCE,T HEN. 17 BARSTOOLS, 16 LO	DUNGE
I hereby certify and swear under pen	alties of perjury that:		
1. the renewed license will be	be of the same type for the s	ame premises now licensed;	
2. the licensee has complied	with all laws of the Commo	onwealth relating to taxes; and	
3. the premises are now ope	n for business (If not explai	n below)	
SIGNED BY Individual, Pa	artner or Authorized Corpor	ate Officer	
DATE: TELEP	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that w Acts of 2004, signed by the buildin named license and (2) the certificatof 2010.	ng inspector and the head	of the fire department for the	e above
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			<del></del>
DATE:		-	



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LICENSE NUMBEI	R: 076800028		CITY OR TOWN NAT	ГІСК
APPLICATION FO	R RENEWAL:	Annual	LICENSED I	FOR 2013
		CLASS		YEAR
LICENSEE NAME:	BOB & HOLLY'S	LLC		
DOING BUSINESS	A ZAFTIG'S DELIG	CATESSEN		
ADDRESS 01298F	WORCESTER ST			
CITY/TOWN: NA	ГІСК	STATE: MA	ZIP CODE: 017	760
	LMAN, TYI BERT	PE OF LICENSE:Re	staurant CATEG	ORY: All Alcohol
EMAIL ADDRESS:				
		EBSITE AND ENTER YOUR E	MAIL ADDRESS	
	LICENSED PREMIS		AD ENTED ANCIE AND EX	VIII.
~		A FRONT AND RE DRAGE AND DININ	AR ENTRANCE AND EX G ROOM	XII.
2. the licens	ee has complied with	* *	same premises now licens monwealth relating to taxe ain below)	
	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:		or Authorized Corpo	EMPLOYER IDEN	TIFICATION NUMBER: Social Security Number)
We the undersigne Acts of 2004, signe	TELEPHON d, attest that we are d by the building in	E NUMBER: e in possession (1) the spector and the head	EMPLOYER IDEN	Social Security Number)  Chapter 304 of the for the above
We the undersigne Acts of 2004, signe named license and	TELEPHON d, attest that we are d by the building ins (2) the certificate of	E NUMBER: e in possession (1) the spector and the head	EMPLOYER IDEN (Note: NOT Individual e certificate required by d of the fire department	Chapter 304 of the for the above ter 116 of the Acts



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0/6800	030	CITY OR TOWN NATICE	
APPLICATION FOR RENEV	WAL: Annual	LICENSED FOR 2013	
	CLASS	YE.	AR
LICENSEE NAME: CALIF	ORNIA PIZZA KITCHEN, IN	IC	
DOING BUSINESS A CALI	FORNIA PIZZA KITCHEN		
ADDRESS			
CITY/TOWN: NATICK	STATE: MA	A ZIP CODE: 01760	
MANAGER: Lombardo, Jo	n TYPE OF LICENSE: F	Restaurant CATEGORY: Al	l Alcohol
EMAIL ADDRESS:			
PLEASE ALS	SO VISIT OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION OF LICENSE	ED PREMISES:		
	OOR AREA TO BE OPERAT REAONE ENTRANCE AN	ED AS A FULL SERVICE RESTAUR D ONE EXIT	ANT
I hereby certify and swear und	ler penalties of perjury that:		
1. the renewed licens	e will be of the same type for the	he same premises now licensed;	
2. the licensee has co	mplied with all laws of the Cor	mmonwealth relating to taxes; and	
3. the premises are no	ow open for business (If not ex	plain below)	
SIGNED BY		0.55	
Individ	lual, Partner or Authorized Cor	porate Officer	
DATE			
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION	
		(Note: NOT Individual Social Securi	ity Number)
Acts of 2004, signed by the	building inspector and the he	the certificate required by Chapter 3 ead of the fire department for the aboundaries required by Chapter 116 of	ove
Please Check Below:		LOCAL LICENSING AUTHORI	TY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
D111D.			



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LICENSE NUMBER: 0/6800032		CITY OR TOWN NATICE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: GSH CY NATICI	K LLC	
DOING BUSINESS A COURTYARD	BY MARRIOTT-NAT	ICK
ADDRESS 342 SPEEN ST		
CITY/TOWN: NATICK	STATE: MA	ZIP CODE: 01760
MANAGER: DORSEY, TY FRANCIS E. III	PE OF LICENSE: Innh	nolder CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	AIL ADDRESS
DESCRIPTION OF LICENSED PREM	ISES:	
LOUNGE, BAR AND LIBRARY AREA COURTYARD. THERE WILL ALSO MAIN PUBLIC ENTRANCE, SPECIFI RESTAURANT	BE ROOM SERVICE	TO GUESTS IN THE HOTEL. ONE
I hereby certify and swear under penaltie	s of perjury that:	
1. the renewed license will be or	f the same type for the s	same premises now licensed;
2. the licensee has complied wit	h all laws of the Comm	onwealth relating to taxes; and
3. the premises are now open fo	r business (If not explain	in below)
SIGNED BY Individual, Partne	er or Authorized Corpor	rate Officer
DATE: TELEPHOI	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building in	nspector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENSING AUTHORITY By:
(If disapproved explain)		
DATE:		



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LICENSE NUMBER: 0	76800033		CITY OR TOV	VN NATICK	
APPLICATION FOR F	RENEWAL:	Annual	LIC	ENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: I DOING BUSINESS A ADDRESS 25 WASHI	,				
CITY/TOWN: NATIO	CK	STATE: MA	ZIP CODE	: 01760	
MANAGER: LEE, Y	OUNG H. TYP	E OF LICENSE: R	estaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LIG FIRST FLOOR PREMI ENTERANCE AND RI	IS WITH KITCHE	SES:		OMS FRONT	-
2. the licensee	ear under penalties license will be of t has complied with are now open for l	the same type for the all laws of the Con	nmonwealth relation		
1	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHONI	E NUMBER:		YER IDENTIFICA Individual Social	
We the undersigned, a Acts of 2004, signed h named license and (2) of 2010.	y the building ins	pector and the he	ad of the fire dep	artment for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] )		LOCAL LICE By:	ENSING AUTH	IORITY
DATE:					



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LICENSE NUMBE	R: 076800034		CITY OR TOW	'N NATICK
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	NICHOLAS'S	RESTAURANT GRO	UP, INC	
DOING BUSINESS	A MORSE TA	VERN		
ADDRESS 85 EAS	Γ CENTRAL ST			
CITY/TOWN: NA	TICK	STATE: M	A ZIP CODE:	01760
	URNARAS, ARON	TYPE OF LICENSE:	Restaurant	CATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF				
MAIN ENTRANCE EXIT IN THE REA		THE FRONT RIGHT	SIDE OF THE BU	ILDING. EMERGENCY
	ises are now ope	with all laws of the Confor business (If not example) without a conformal co	xplain below)	g to taxes; and
DATE:	TELEP	HONE NUMBER:		YER IDENTIFICATION NUMBER: Individual Social Security Number)
Acts of 2004, signe	d by the buildir	ng inspector and the h	ead of the fire depa	uired by Chapter 304 of the artment for the above by Chapter 116 of the Acts
Please Check Below:			LOCAL LICE	ENSING AUTHORITY
APPROVED:			By:	
DISAPPROVED:	oin)			
(If disapproved expl	am)		<del></del>	
DATE:				



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LICENSE NUMBER	R: 076800036		CITY OR TOWN NATICK	
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME:	A. T. PAN COR	PORATION		
DOING BUSINESS	A SHANGHAI TO	OKYO CUISINE		
ADDRESS 54 EAST	Γ CENTRAL STRE	EET		
CITY/TOWN: NA	ГІСК	STATE: MA	ZIP CODE: 01760	
MANAGER: LAN	DAN, KAI T	YPE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
DESCRIPTION OF		WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	_
I hereby certify and s	swear under penalti	es of perjury that:		
1. the renew	ed license will be o	of the same type for the	same premises now licensed;	
2. the licens	ee has complied wi	ith all laws of the Comm	nonwealth relating to taxes; and	
3. the premi	ses are now open for	or business (If not expla	in below)	
SIGNED BY	Individual, Partn	er or Authorized Corpo	rate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
Acts of 2004, signe	d by the building i	inspector and the head	e certificate required by Chapt of the fire department for the rance required by Chapter 110	above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED: [ (If disapproved explain				
(11 disappioved expir	A111 <i>)</i>			
DATE:				
APPLICATION FOR RENEV	WAL MUST BE FILED BY	LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800037	CIT	Y OR TOWN NATICE	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: NAMEE ENTERI	PRISES, INC		
DOING BUSINESS A MINADO REST	'AURANT		
ADDRESS 1282 WORCESTER STREE	ĬΤ		
CITY/TOWN: NATICK	STATE: MA	ZIP CODE: 01760	
MANAGER: TSE, EDWARD TY	PE OF LICENSE: Restaura	category:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EMAIL AI	DDRESS	_
DESCRIPTION OF LICENSED PREMI SOUTHSIDE OF WORCESTER RD. A SHERWOOD PLAZA EAST. MAIN EN WAITING AREA WHICH OPENS TO BLDG.OF KITCHEN AREA. RECEIVI	ND EAST SIDE OF STRA VTRANCE/EXIT IN FRON DINING ROOM. ALSO RI	IT OF BLDG. ENTERS IN EAR ENTRANCE IN BAC	ГО
the renewed license will be of     the licensee has complied with     the premises are now open for  SIGNED BY	h all laws of the Commonw	realth relating to taxes; and	
Individual, Partne	r or Authorized Corporate	Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate o of 2010.	spector and the head of the	he fire department for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LC By	OCAL LICENSING AUTHO	ORITY
DATE:	_		



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LICENSE NUM	BER: 076800041		CITY OR TOV	WN NATICK	
APPLICATION	FOR RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
	ME: NEW FRAN ESS A SEL DE LA	CE NATICK LLC A TERRE			
ADDRESS 3032	NATICK WEST	SHOPPING CENTER			
CITY/TOWN:	NATICK	STATE: MA	ZIP CODE	i: 01760	
	McCLELLAN, FRANK	TYPE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRE	SSS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION	OF LICENSED P	REMISES:			
SEATING, FOO OUTDOOR PAT	D COUNTER AN ΓΙΟ AND SEATIN	Y WITH MALL ENTRY D LOUNGE;LIQUOR ST G, INCLUDED;KITCHE MERGENCY EXITS ON	TORAGE;DINING EN IN	G AREA WITH	
I hereby certify a	and swear under per	nalties of perjury that:			
1. the re	newed license will	be of the same type for the	ne same premises	now licensed;	
2. the lic	censee has complie	d with all laws of the Con	nmonwealth relati	ng to taxes; and	
3. the pr	remises are now op	en for business (If not exp	plain below)		
SIGNED BY	Individual, P	artner or Authorized Cor	porate Officer		
DATE:	TELEI	PHONE NUMBER:		OYER IDENTIFICATION $\Gamma$ Individual Social $\Gamma$	
Acts of 2004, sig	gned by the buildi	ve are in possession (1) t ing inspector and the he ate of liquor liability ins	ad of the fire dep	artment for the	e above
Please Check Below: APPROVED:  DISAPPROVED (If disapproved e	):		LOCAL LIC	ENSING AUTH	ORITY
	•				
DATE:					



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LICENSE NUMBER	: 076800042		CITY OR TOWN NATIC	K
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NAME:	NORDSTROM, I	NC.		
DOING BUSINESS A	A NORDSTROM	CAFÉ BISTRO		
ADDRESS 209 SPEE	EN STREET			
CITY/TOWN: NAT	ICK	STATE: MA	ZIP CODE: 01760	
MANAGER: KONG FLOR	G, TY RENCE K	PE OF LICENSE: F	Restaurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
F	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION OF I				
~			NCE TO RESTAURANT FROM D ALSO 34 TABLES ACCOM	
I hereby certify and sv	wear under penaltie	es of perjury that:		
1. the renewe	ed license will be o	f the same type for the	he same premises now licensed;	
2. the license	e has complied wit	th all laws of the Cor	mmonwealth relating to taxes; a	nd
3. the premis	es are now open fo	r business (If not ex	plain below)	
SIGNED BY				
	Individual, Partne	er or Authorized Cor	porate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIE	
			(Note: NOT Individual Soc	nal Security Number)
Acts of 2004, signed	by the building in	nspector and the he	the certificate required by Ch ead of the fire department for surance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:	_		By:	
DISAPPROVED:	<u></u>			
(If disapproved explain	in)			
DATE:				<del></del> '



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LICENSE NUMBE	ER: 076800043		CITY OR TOWN NATICK	
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME	E: Natick Gourmet D	ecisions, Inc		
DOING BUSINES	S A Gourmet Decisio	ens		
ADDRESS 12A W	ashington ST			
CITY/TOWN: NA	ATICK	STATE: MA	ZIP CODE: 01760	
MANAGER: Spi	nosa, Stephanie TY	PE OF LICENSE: Res	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	F LICENSED PREMI			
ground level with 5 which is at the rear		ibles and chairs, 2 ent	exits on side of dining area and	the other
I hereby certify and	swear under penalties	s of perjury that:		
1. the rene	wed license will be of	the same type for the	same premises now licensed;	
2. the licer	see has complied with	n all laws of the Comr	nonwealth relating to taxes; and	
3. the pren	nises are now open for	business (If not expla	nin below)	
SIGNED BY				
	Individual, Partner	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, sign	ed by the building in	spector and the head	e certificate required by Chap I of the fire department for the rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:	]		By:	
DISAPPROVED:	1.1			
(If disapproved exp	orani)			
DATE:			·	



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800044		CITY OR TOWN	NATICK	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	)13
	CLASS			YEAR
LICENSEE NAME: The Metropolitan	Club, Inc			
DOING BUSINESS A Metropolitan Ba	r & Grill			
ADDRESS 1245 Worcester ST, suite 30	09			
CITY/TOWN: NATICK	STATE: MA	ZIP CODE:	01760	
MANAGER: Trustman, Kathy TY	PE OF LICENSE: Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMI dining areas, barstool area, lounge area, I hereby certify and swear under penaltie 1. the renewed license will be of 2. the licensee has complied wit 3. the premises are now open fo	burger bar are, outdoors of perjury that:  f the same type for the hall laws of the Communication.	or dining area e same premises now monwealth relating to lain below)		
DATE: TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER:
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the hea	d of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076800046	CITY OR TOWN NATICK
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: THE CHEESECAKE FACTORY RES	TAURANTS INC.
DOING BUSINESS A THE CHEESECAKE FACTORY	
ADDRESS 1245 WORCESTER STREET, SUITE 1098	
CITY/TOWN: NATICK STATE: MA	ZIP CODE: 01760
MANAGER: FOGEL, JEREMY TYPE OF LICENSE: Re	estaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
365 SEAT RESTAURANT AND BAR, INCLUDING OUTD ENTRANCES/EXITS, CONSISTING OF 12,968 SQ. FT.	OOR PATIO AREA, INCLUDING 9
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	e same premises now licensed;
2. the licensee has complied with all laws of the Com-	monwealth relating to taxes; and
3. the premises are now open for business (If not expl	ain below)
	ain below)
SIGNED BY	
SIGNED BY	
SIGNED BY  Individual, Partner or Authorized Corp.	
SIGNED BY Individual, Partner or Authorized Corpo	orate Officer
SIGNED BY  Individual, Partner or Authorized Corp.	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  The certificate required by Chapter 304 of the dof the fire department for the above
SIGNED BY  Individual, Partner or Authorized Corporation  DATE:  TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability instance.	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  The certificate required by Chapter 304 of the dof the fire department for the above
SIGNED BY  Individual, Partner or Authorized Corporation  DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the hear named license and (2) the certificate of liquor liability insured to 2010.  Please Check Below:  APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  The certificate required by Chapter 304 of the dof the fire department for the above arrance required by Chapter 116 of the Acts
SIGNED BY  Individual, Partner or Authorized Corporation  DATE:  TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability insured to 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  The certificate required by Chapter 304 of the dof the fire department for the above arrance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
SIGNED BY  Individual, Partner or Authorized Corporation  DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the hear named license and (2) the certificate of liquor liability insured to 2010.  Please Check Below:  APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  The certificate required by Chapter 304 of the dof the fire department for the above arrance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
SIGNED BY  Individual, Partner or Authorized Corporation  DATE:  TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability insured to 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  The certificate required by Chapter 304 of the dof the fire department for the above arrance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



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<b>/</b>	CITY OR TOWN NATICK	
L: Annual	LICENSED FOR 2013	
CLASS	YE	EAR
NG'S CHINA BISTRO, INC.		
NG'S CHINA BISTRO		
ST.		
STATE: MA	ZIP CODE: 01760	
TYPE OF LICENSE: Res	staurant CATEGORY: A	Il Alcohol
SIT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
PREMISES:		
		AT
penalties of perjury that:		
ill be of the same type for the	same premises now licensed;	
ied with all laws of the Comr	nonwealth relating to taxes; and	
open for business (If not expla	ain below)	
Partner or Authorized Corpo	orate Officer	
EPHONE NUMBER:		
	(Note: NOT Individual Social Secu	rity Number)
ding inspector and the head	d of the fire department for the ab	ove
	LOCAL LICENSING AUTHOR	ITY
	By:	
	CLASS NG'S CHINA BISTRO, INC. NG'S CHINA BISTRO ST.  STATE: MA TYPE OF LICENSE: Res SIT OUR WEBSITE AND ENTER YOUR EN PREMISES: WITH 870 SQ. FT. AT STE PRANCE AND EXIT AT EA Denalties of perjury that: ill be of the same type for the ied with all laws of the Comr open for business (If not explain Partner or Authorized Corporate) Partner or Authorized Corporate EPHONE NUMBER:	CLASS  CLASS  GG'S CHINA BISTRO, INC.  NG'S CHINA BISTRO  ST.  STATE: MA ZIP CODE: 01760  TYPE OF LICENSE: Restaurant CATEGORY: A  SIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  PREMISES:  WITH 870 SQ. FT. AT STREET KEVEK ABE 6850 SQ. FT. A  RANCE AND EXIT AT EACH LEVEL.  Denalties of perjury that:  Ill be of the same type for the same premises now licensed;  ied with all laws of the Commonwealth relating to taxes; and open for business (If not explain below)  Partner or Authorized Corporate Officer  EPHONE NUMBER:  EMPLOYER IDENTIFICATION (Note: NOT Individual Social Secutive Web are in possession (1) the certificate required by Chapter iding inspector and the head of the fire department for the ablicate of liquor liability insurance required by Chapter 116 of LOCAL LICENSING AUTHOR



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DOING BUSINESS A ZITI'S OF NATICK	LICENSED FOR 2013 YEAR
LICENSEE NAME: EM-JO INC.  DOING BUSINESS A ZITI'S OF NATICK  ADDRESS 218 SPEEN ST  CITY/TOWN: NATICK STATE: MA	YEAR
DOING BUSINESS A ZITI'S OF NATICK  ADDRESS 218 SPEEN ST  CITY/TOWN: NATICK STATE: MA	
ADDRESS 218 SPEEN ST CITY/TOWN: NATICK STATE: MA	
CITY/TOWN: NATICK STATE: MA	
MANAGER: RANDO DOMENIC TYPE OF LICENSE: Resta	ZIP CODE: 01760
	CATEGORY: Wine and Malt Regular
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMA	IIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
LOCATED AT THE GOLF LEARNING CENTER.APPROX.2, PORCH.PUBLIC ENT/EXIT THRU PARKING LOT OF GOLF NORTH.SERVICE OF EMERGENCY EXITS ON THE SIDE & INSIDE & 20 SEASONAL SEATS ON PORCH	F LEARNING CENTER FACING
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the sa	ame premises now licensed;
2. the licensee has complied with all laws of the Commo	_
3. the premises are now open for business (If not explain	n below)
SIGNED BY Individual, Partner or Authorized Corpora	ate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1) the of Acts of 2004, signed by the building inspector and the head of named license and (2) the certificate of liquor liability insuration of 2010.	of the fire department for the above
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED: (If disapproved explain)	
(II UISADDIOVEU EXDIAIII)	
( The state of the	
We the undersigned, attest that we are in possession (1) the cases of 2004, signed by the building inspector and the head conamed license and (2) the certificate of liquor liability insura	(Note: NOT Individual Social Security Number) certificate required by Chapter 304 of the of the fire department for the above



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 076800049		CITY OR TOWN	NATICK
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS		OUP,INC.		
ADDRESS 801 WO	RCESTER STREE	T		
CITY/TOWN: NAT	ΓICK	STATE: MA	ZIP CODE:	01760
MANAGER: ZHA	NG, FRANK T	YPE OF LICENSE: R	estaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
APPROX. 8,700 SQ. AND LOUNGE WIL	FT. TWO ENTRA	ANCES AND TWO V	VXITS. 240 SEATS	INSIDE,THE BAR
2. the license	ee has complied wi	of the same type for the the all laws of the Confor business (If not exp	nmonwealth relating t	
SIGNED BY	Individual, Partn	er or Authorized Corp	oorate Officer	
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signed	d by the building i	nspector and the hea	ad of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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LICENSE NUMBE	R: 076800050		C	ITY OR TOW	N NATICK	
APPLICATION FO	R RENEWAL:	Annua	ıl	LICI	ENSED FOR	2013
		CLAS	S			YEAR
LICENSEE NAME:	TEN-ICHI INC.					
DOING BUSINESS	A TEN-ICHI DYNAM	IIC KITCHE	EN & BA	.R		
ADDRESS 1400 W	ORCESTER STREET					
CITY/TOWN: NA	TICK	STATE:	MA	ZIP CODE:	01760	
MANAGER: WO	NG, HENRY H. TYPE	OF LICENS	E:Restar	ırant	CATEGORY	: All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS	TTE AND ENTER	YOUR EMAI	L ADDRESS		
DESCRIPTION OF	LICENSED PREMISES	S:				
-	FT WITH DINING RO					LDAD
	ENTRANCE AND TWO DINING AREA, 30 SEA				13, 12 SUSH	IDAK
I hereby certify and	swear under penalties of	perjury that	:			
1. the renew	ved license will be of the	same type f	or the sa	me premises n	ow licensed;	
2. the licens	see has complied with all	l laws of the	Commo	nwealth relatin	g to taxes; and	d
3. the premi	ises are now open for bu	siness (If no	t explain	below)		
SIGNED BY			~	0.00		
	Individual, Partner or	Authorized	Corporat	te Officer		
DATE:				F1 (F) (A)		
DATE.	TELEPHONE 1	NUMBER:				ATION NUMBER:  1 Security Number)
				(*******	marviduai Socia	r security (variable)
	ed, attest that we are in					
	d by the building inspe (2) the certificate of lic					
of 2010.		•	,	•	·	
Please Check Below:				LOCAL LICE	NSING AUT	HORITY
APPROVED:				By:		
DISAPPROVED:						
(If disapproved expl	ain)					
DATE:						



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LICENSE NUI	MBER: 076800051	•	CITY OR TOWN NATICK		
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013	
		CLASS		YEAR	
LICENSEE NA	AME: ONE MOE TINE, I	LC			
DOING BUSI	NESS A MOE'S SOUTHW	EST GRILL			
ADDRESS 12	74 WORCESTER STREET				
CITY/TOWN:	NATICK	STATE: MA	ZIP CODE: 01760		
MANAGER:	ROULEAU, RYAN TYP	E OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular	
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	AIL ADDRESS		
-	N OF LICENSED PREMIS				
ONE FRONT ( ENTRANCE.	CUSTOMER ENTRANCE	ONE BACK FIRE E	XIT, ONE KITCHEN EMPLA	YEE	
	and swear under penalties	of perjury that:			
1. the	renewed license will be of the	he same type for the s	ame premises now licensed;		
2. the	licensee has complied with	all laws of the Comme	onwealth relating to taxes; and		
3. the	premises are now open for b	ousiness (If not explai	n below)		
SIGNED BY					
	Individual, Partner	or Authorized Corpor	ate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			(Note. Note individual Social S	Security Number)	
Acts of 2004,	signed by the building ins	pector and the head	certificate required by Chapt of the fire department for the ance required by Chapter 110	above	
Please Check Belo	ow:		LOCAL LICENSING AUTH	ORITY	
APPROVED:			By:		
DISAPPROVE					
(If disapproved	i expiain)				
			_		
DATE:					



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LICENSE NUMB	3ER: 076800052		CITY OR TOWN NATICK	
APPLICATION F	FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
DOING BUSINE	E: WASABI NATICI SS A WASABI WORCESTER STREE			
CITY/TOWN: N	JATICK	STATE: MA	ZIP CODE: 01760	
MANAGER: M	ILLER, JEFFREY TY	PE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	OF LICENSED PREMI			arm Arm
THE REARNO		TICK MALLSING	LE ENTRY WITH A FIRE EX	IT AT
I hereby certify an	nd swear under penalties	s of perjury that:		
2. the lice		all laws of the Comm	same premises now licensed; nonwealth relating to taxes; and in below)	
SIGNED BY	Individual, Partner	r or Authorized Corpo	rate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social S	
Acts of 2004, sig	ned by the building in	spector and the head	e certificate required by Chapt of the fire department for the rance required by Chapter 110	e above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved ex				
(== disapproved on	-F <del></del> /			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	BER: 076800053		CITY OR TOWN	NATICK	
APPLICATION FOR RENEWAL:		Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	E: BRUSHES I	BITES BOTTLES LLC			
DOING BUSINE	SS A PALETTE	S			
ADDRESS 29 MA	AIN ST				
CITY/TOWN: N	IATICK	STATE: MA	ZIP CODE:	01760	
	EVINSKY, ΓEVEN	TYPE OF LICENSE: Re	estaurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION C	OF LICENSED PI	REMISES:			
I hereby certify an	nd swear under pe	nalties of perjury that:			
		be of the same type for the	•		
	_	ed with all laws of the Com	=	o taxes; and	
3. the pre	emises are now op	en for business (If not exp	lain below)		
CICNED DV					
SIGNED BY	Individual, F	Partner or Authorized Corp	orate Officer		
DATE:	TELEI	PHONE NUMBER:	EMPLOYE	R IDENTIFICAT	TON NUMBER:
DATE:	TELEI	PHONE NUMBER:			TON NUMBER: ecurity Number)
We the undersig Acts of 2004, sig	ned, attest that v	PHONE NUMBER: we are in possession (1) the ing inspector and the hea cate of liquor liability ins	(Note: <u>NOT</u> Inc ne certificate requir d of the fire depart	lividual Social S ed by Chapte ment for the	er 304 of the above
We the undersig Acts of 2004, sig named license ar of 2010.	ned, attest that v	we are in possession (1) thing inspector and the hea	(Note: <u>NOT</u> Inc ne certificate requir d of the fire depart	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
We the undersig Acts of 2004, sig named license ar of 2010.  Please Check Below: APPROVED:	ned, attest that vector in the second of the certification.	we are in possession (1) thing inspector and the hea	(Note: <u>NOT</u> Inc ne certificate requir d of the fire depart urance required by	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
We the undersig Acts of 2004, sig named license ar of 2010.  Please Check Below: APPROVED: DISAPPROVED:	ned, attest that vector in the second of the certification of the certif	we are in possession (1) thing inspector and the hea	(Note: <u>NOT</u> Inc.  ne certificate required of the fire departeurance required by  LOCAL LICENS	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
We the undersig Acts of 2004, sig named license ar of 2010.  Please Check Below: APPROVED:	ned, attest that vector in the second of the certification of the certif	we are in possession (1) thing inspector and the hea	(Note: <u>NOT</u> Inc.  ne certificate required of the fire departeurance required by  LOCAL LICENS	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
We the undersig Acts of 2004, sig named license ar of 2010.  Please Check Below: APPROVED: DISAPPROVED:	ned, attest that vector in the second of the certification of the certif	we are in possession (1) thing inspector and the hea	(Note: <u>NOT</u> Inc.  ne certificate required of the fire departeurance required by  LOCAL LICENS	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 076800054	CITY OR TOWN NATICK		
APPLICATION FOR RENEWAL:		Annual LICENSED FOR 2013		2013
		CLASS		YEAR
DOING BUSI		O SALVY'S BACON STR	EET FARM LLC	
CITY/TOWN:	NATICK	STATE: MA	ZIP CODE: 01760	
MANAGER:	CICCARELLI, RICHARD A.	TYPE OF LICENSE:Pa	ackage Store CATEGORY	': Wine and Malt Regular
EMAIL ADDR	RESS:			
1000 SQ FT O AND DIRECT I hereby certify 1. the 2. the 3. the	N OF LICENSED P OF GROCEY SPACE OF SECONDARY EG of and swear under per renewed license will licensee has complied	E WITH SEPARATE ENT PRESS ON EASTERLY SI enalties of perjury that: I be of the same type for the	RY AND EXIT DOORS AT THE DE e same premises now licensed; nmonwealth relating to taxes; and	
SIGNED BY	Individual,	Partner or Authorized Corp	oorate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENSING AUTHORITY By:	
DATE:				

 $APPLICATION \ FOR \ RENEWAL \ MUST \ BE \ FILED \ BY \ LICENSEES \ DURING \ THE \ MONTH \ OF \ NOVEMBER \ (M.G.L.\ Ch.\ 138\ \$\ 16A)$